PRINTED: 06/09/2015 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL098013 06/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1006 CORBETT AVENUE BARNES FAMILY CARE HOME #2/HERBERT R WILSON, NC 27896 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION OCAN ID (305)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Suzanna Fay THE TOWN SECTION DHSR Construction Section conducted a Biennial JUL 9 1 2015 Survey on June 4, 2015 from 11:35 AM to 12:50 PM at the above referenced facility. DHSR MEUHIVED records indicate the home was first licensed on August 6, 2001 as a Family Care Home for five ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1999 Revision) North Carolina State Building Code - Section 419.2 -Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 117 C 117 Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review This Rule is not met as evidenced by: Based of review of records, the last fire inspection was conducted on May 28, 2014. The facility is due for its annual fire inspection. Contact the local Fire Official to conduct the annual inspection. Provide a copy of the approved Fire Inspection Report to Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM

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